

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S) 0/089746				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		2					53				
4		2					54				
5		2					55				
6		2					56				
7		2					57				
8		2					58				
9		2					59				
10		2					60				
11	1						61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
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34		1					84				
35		1					85				
36		1					86				
37		1					87				
38		1					88				
39		1					89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	37						TOTAL DEP.				
TOTAL CLAIMS	39						TOTAL CLAIMS				

BEST AVAILABLE COPY